Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Filing at a Glance

Company: Podiatry Insurance Company of America

Product Name: Podiatrists Professional Liability SERFF Tr Num: PCAG-127856680 State: Illinois

Program

TOI: 11.2 Med Mal-Claims Made Only SERFF Status: Closed-Filed State Tr Num: PCAG-127856680

Sub-TOI: 11.2025 Podiatry Co Tr Num: IL-1778-P State Status:

Filing Type: Rate Reviewer(s): Gayle Neuman

Authors: Latasha Campbell, Jason Disposition Date: 01/11/2012

Sokol

Date Submitted: 11/30/2011 Disposition Status: Filed

Effective Date Requested (New): 04/01/2012 Effective Date (New): 04/01/2012

04/01/2012

State Filing Description:

******* FILING ROUTED 12/6/11*********

General Information

Project Name: 2012 Rate Filings Status of Filing in Domicile: Not Filed

Project Number: IL-1778-P Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 01/11/2012

State Status Changed: Deemer Date:

Created By: Latasha Campbell Submitted By: Latasha Campbell

Corresponding Filing Tracking Number:

Filing Description:

According to Bulletin 2011-14: all Property and Casualty Filings are now going to be required to be submitted through

SERFF.

We wish to file changes to our podiatry rates for 2012. We are also submitting a copy of our current approved rating manual along with our Illinois Rating Manual Supplement. There are no changes being made to our manual in this filing.

Our statisical agent is ISO.

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Company and Contact

Filing Contact Information

Latasha Campbell, Regulatory Compliance | lcampbell@picagroup.com

Analyst

3000 Meridian Boulevard 615-371-8776 [Phone] 2201 [Ext]

Suite 400 615-324-9161 [FAX]

Franklin, TN 37067

Filing Company Information

Podiatry Insurance Company of America CoCode: 14460 State of Domicile: Illinois

3000 Meridian Boulevard Group Code: 2698 Company Type:
Suite 400 Group Name: State ID Number:

Franklin, TN 37067 FEIN Number: 58-1403235

(800) 251-5727 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Podiatry Insurance Company of America \$0.00

State Specific

Refer to our checklists prior to submitting filing

(http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm).: Yes

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Yes

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABLITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMMISSIONS,

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc.: http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm: Yes Medical Malpractice rates/rules may only be submitted in paper.: No

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": No

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

Filing Company: State Tracking Number: PCAG-127856680 Podiatry Insurance Company of America

IL-1778-P Company Tracking Number:

11.2025 Podiatry TOI: 11.2 Med Mal-Claims Made Only Sub-TOI:

Product Name: Podiatrists Professional Liability Program

2012 Rate Filings/IL-1778-P Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	01/11/2012	01/11/2012

Objection Letters and Response Letters

Objection	n Letters			Response Letters			
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted	
Pending Industry	Gayle Neuma	n 12/05/2011	12/05/2011	Latasha Campbell	12/05/2011	12/05/2011	
Response)						

Gayle Neuman 12/02/2011 12/02/2011 Latasha Campbell 12/02/2011 Pending 12/02/2011

Industry Response **Filing Notes**

Subject	Note Type	Created By	Created On	Date Submitted
Filing status	Note To Reviewer	Latasha Campbell	01/10/2012	2 01/10/2012

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Disposition

Disposition Date: 01/11/2012

Effective Date (New): 04/01/2012

Effective Date (Renewal): 04/01/2012

Status: Filed Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
			Program:				
Podiatry Insurance Company of America	17.090%	9.000%	\$538,633	652	\$59,984,812	9.000%	9.000%

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Schedule	Schedule Item	Schedule Item Status Public Access
Supporting Document	Explanatory Memorandum	No
Supporting Document	Form RF3 - (Summary Sheet)	Yes
Supporting Document	Certification	Yes
Supporting Document	Manual	Yes
Supporting Document	Side by Side of 2011 rates to 2012 rates	Yes
Rate	2012 IL Podiatry Rates (Territory 01)	Yes
Rate	2012 IL Podiatry Rates (Territory 02)	Yes

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/05/2011
Submitted Date 12/05/2011
Respond By Date 12/12/2011

Dear Latasha Campbell,

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Pursuant to 50 III. Adm. Code 754.10, identification of all changes in all superseding filings, as well as identification of all superseded filings is required. In previous filings, you have provided a copy of the changed information with overstrikes. Additionally, we require you certify that nothing else has changed from what was previously filed except for the changes brought to our attention in this filing.

Sign up to get e-mail notification for updates to the Department's website. http://insurance.illinois.gov/RSS/

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop Cas IS3 Checklists/IS3 Checklists.htm

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/05/2011 Submitted Date 12/05/2011

Dear Gayle Neuman,

Comments:

Response 1

Comments: We have a provided a side by side comparison of our 2011 and 2012 rates. There were no changes being made to our Rating manual and Illinois Rating Manual Supplement that were attached to Supporting Documentation Tab.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Side by Side of 2011 rates to 2012 rates

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We appreciate your continue review of our filing.

Sincerely,

Jason Sokol, Latasha Campbell

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/02/2011
Submitted Date 12/02/2011
Respond By Date 12/09/2011

Dear Latasha Campbell,

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

Sign up to get e-mail notification for updates to the Department's website. http://insurance.illinois.gov/RSS/

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/02/2011 Submitted Date 12/02/2011

Dear Gayle Neuman,

Comments:

Response 1

Comments: The statistical agent was listed on the General Information Tab. It is ISO.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We appreciate the quick response time to our filing. Please let us know if you should need anything else.

Sincerely,

Jason Sokol, Latasha Campbell

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Note To Reviewer

Created By:

Latasha Campbell on 01/10/2012 01:24 PM

Last Edited By:

Gayle Neuman

Submitted On:

01/11/2012 10:26 AM

Subject:

Filing status

Comments:

I wanted to follow-up on our filing.

Thank you,

Latasha Campbell

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Rate Information

Rate data applies to filing.

File and Use

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 9.000%

Effective Date of Last Rate Revision: 04/01/2011

Filing Method of Last Filing: File and Use

Company Rate Information

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Written	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders	Premium for	Change (where	Change (where
	Change:		Change for	Affected for this	this Program:	required):	required):
			this Program:	Program:			
Podiatry Insurance	17.090%	9.000%	\$538,633	652	\$59,984,812	9.000%	9.000%

Company of America

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Rate/Rule Schedule

Schedule Item Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments
Status: #: Number:

2012 IL Podiatry Replacement 2012 PICA Podiatry

Rates (Territory 01) Rate Page - Illinois

T01 (9% Increase).pdf

2012 IL Podiatry Replacement 2012 PICA Podiatry

Rates (Territory 02) Rate Page - Illinois

T02 (9% Increase).pdf

Podiatry Insurance Company of America 2012 Podiatric Rates Illinois Territory 01

All counties except Cook

	Claims Made							
Limits	1	st Year	2	nd Year	3	rd Year	4	th Year
(000 omitted)	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical
100/300	\$2,109	\$3,069	\$3,163	\$4,604	\$4,481	\$6,522	\$5,271	\$7,673
200/600	\$2,530	\$3,683	\$3,796	\$5,525	\$5,377	\$7,827	\$6,326	\$9,208
250/750	\$2,720	\$3,959	\$4,080	\$5,939	\$5,780	\$8,413	\$6,800	\$9,898
500/1000	\$2,952	\$4,297	\$4,428	\$6,445	\$6,273	\$9,131	\$7,380	\$10,742
500/1500	\$3,036	\$4,420	\$4,554	\$6,629	\$6,452	\$9,392	\$7,591	\$11,049
1000/1000	\$3,268	\$4,757	\$4,902	\$7,136	\$6,945	\$10,109	\$8,170	\$11,893
1000/3000	\$3,584	\$5,218	\$5,377	\$7,826	\$7,617	\$11,087	\$8,961	\$13,044

Podiatry Insurance Company of America 2012 Podiatric Rates Illinois Territory 02 Cook county only

	Claims Made							
Limits	1	st Year	2nd Year		3rd Year		4th Year	
(000 omitted)	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical
100/300	\$3,322	\$4,836	\$4,983	\$7,254	\$7,060	\$10,277	\$8,306	\$12,090
200/600	\$3,987	\$5,803	\$5,980	\$8,705	\$8,472	\$12,332	\$9,967	\$14,508
250/750	\$4,286	\$6,238	\$6,429	\$9,358	\$9,107	\$13,257	\$10,714	\$15,596
500/1000	\$4,651	\$6,770	\$6,977	\$10,156	\$9,884	\$14,387	\$11,628	\$16,926
500/1500	\$4,784	\$6,964	\$7,176	\$10,446	\$10,167	\$14,799	\$11,961	\$17,410
1000/1000	\$5,150	\$7,496	\$7,725	\$11,244	\$10,943	\$15,929	\$12,874	\$18,740
1000/3000	\$5,648	\$8,221	\$8,472	\$12,332	\$12,002	\$17,470	\$14,120	\$20,553

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Supporting Document Schedules

Item Status:	Status
--------------	--------

Date:

Satisfied - Item: Explanatory Memorandum

Comments: Attachment:

Actuarial Support.pdf

Item Status: Status

Date:

Satisfied - Item: Form RF3 - (Summary Sheet)

Comments:
Attachment:
RF3 122607[1].pdf

Satisfied - Item: Certification

Comments: Attachment:

Dual CERTIFICATION.doc.pdf

Item Status: Status

Date:

Item Status: Status

Date:

Satisfied - Item: Manual

Comments:

Attachment:

Rating Manual - Generic Ed. 1-05 with Supp Ed. 1-08.pdf

Item Status: Status

Date:

Satisfied - Item: Side by Side of 2011 rates to 2012

rates

Filing Company: Podiatry Insurance Company of America State Tracking Number: PCAG-127856680

Company Tracking Number: IL-1778-P

TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2025 Podiatry

Product Name: Podiatrists Professional Liability Program

Project Name/Number: 2012 Rate Filings/IL-1778-P

Comments:

Attachments:

Side by Side of 2011 to 2012 Rates (Territory 01).pdf Side by Side of 2011 to 2012 Rates (Territory 02).pdf

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or	rate level produced by rate revision
effective 4/1/2012	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private	volume (minors)	_ Charige (101-)
•	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		ANI
	Liability Other Than Auto		***************************************
٠.	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
0.	Extended Coverage	Management of the second of th	
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	:	
4.	Crop Hail		
5.	Other Medical Malpractice - Podiary	5,984,812	+9%
	Life of Insurance		
*	Does filing only apply to certa Classes? If so, specify: This filing	nin territory (territories) or g applies to all territories in Illino	
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify	iiiig ionowo ratoo oi aii a	(a 1,00,1)
	organization):	This is a revised rate filing	g requesting a 9% rate increase.
	,		
	*Adjusted to reflect all prior ra **Change in Company's premates.	~	It from application of new
		Podiatry Insurance	Company of America
		Na	me of Company
		Latasha Campbell -	- Product Compliance Analyst

Official - Title

ILLINOIS CERTIFICATION OF MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(c)(5) states that medical liability rates shall be certified in such filings by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Howard Friedman, ACAS, a qualified actuary, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are subject of this filing.

I, Janet C. Fox, an officer of Podiatry Insurance Company of America, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are subject of this filing.

John Jan	NOVEMBER 17, 201
Howard Friedman, ACAS	Date
Vanet C. Fox, Assistant Secretary	November 21, 2011 Date

Insurance Company	FEIN #58	3-140323	5 Filing	Number _	IL-1778-P
Insurer's Address	3000 Meridia	n Boulev	ard; Suite 400		
City Franklin	State	TN	Zip Code	37067	
Contact Person's:					
Name and E-mail	Latasha Car	npbell	lcampbell@picagro	up.com	
Direct Telephone an	d Fax Number	(615) 3	371-8776 ext. 2201	(615) 324-	9161



RATING MANUAL SUPPLEMENT – COMPANY NAME CHANGE

The company name, wherever it appears in the attached rating manual, is hereby amended to read:

Podiatry Insurance Company of America

Ed. 4-09 Page 1 of 1

PODIATRY INSURANCE COMPANY OF AMERICA A MUTUAL COMPANY

PODIATRIC RATING MANUAL

PODIATRY INSURANCE COMPANY OF AMERICA A MUTUAL COMPANY

PODIATRIC RATING MANUAL

I. GENERAL RULES

This manual includes underwriting rules and regulations as they relate to underwriting for Podiatric Physician Malpractice Liability.

A. INSURED CLASSIFICATION

- 1. Preceptee: Coverage is provided for podiatric college graduates or residents entering preceptorship (apprenticeship/training) programs conducted by preceptors who are PICA policyholders. The preceptorship program must last for one year, both preceptee and preceptor must sign the Preceptorship Certificate and the preceptor must be insured by PICA. Optional Extension Coverage is issued concurrently with the policy and earned completely on the first day of the policy. Financial responsibility is with the named insured.
- 2. <u>Resident:</u> Coverage is provided for residents in an American Podiatric Medical Association Council on Podiatric Medical Education approved program or a program in candidate status. Optional Extension Coverage is issued concurrently with the policy and earned completely on the first day of the policy. Financial responsibility is with the named insured. Coverage is only for responsibilities as a part of the residency program.

Coverage requested for moonlighting must be approved by the Residency Director. If approved by the Residency Director, a new practitioner policy will be issued with the proper classification (sole practitioner or employed podiatrist). The resident must weigh the benefit of moonlighting since the new practitioner policy does not include Optional Extension Coverage (OEC coverage). The next year will be rated under the second year premium. "Documentation" is critical for the underwriting file.

a. <u>Veterans Administration Residency:</u> This is a modification of the existing resident policy, allowing more than one resident to be covered under one policy. The policy will cover residents during rotations outside of the Veterans Administration facility, not to exceed 261 days per premium charged. Outside rotations must be an integral part of the residency program. Individuals must be "Scheduled" on the policy with the Optional Extension Coverage endorsement being issued upon receipt of the final audit from the residency program. This ensures proper documentation of outside rotations as well as appropriate premium charges. Financial responsibility of this policy is contracted by signature with the residency director on the "Schedule." Risk management

discounts will <u>not</u> be allowed on this policy, but will be allowed when the resident renews as a new practitioner.

3. <u>Partnership, Corporation or Professional Association:</u> All owners in the entity must be insured with PICA and maintain the same Limits of Liability. There is no additional premium for a "shared" Limit of Liability.

Unless required by state regulations, separate Limit of Liability is optional for an additional 5% of the total premium charged to each insured in the corporation or partnership. The maximum charge will be 100% of the mature premium for the corresponding limit of liability and the minimum would be 5% of the professional liability premium being charged.

- 4. <u>Ambulatory Surgical Center:</u> Coverage is provided with the following criteria:
 - a. A majority of the owners must be insured with PICA.
 - b. Coverage of \$1,000,000/3,000,000 is mandatory.
 - c. A Certificate of Insurance is required from all non-PICA users with Limits of Liability of \$1,000,000/3,000,000.
 - d. A written agreement must be provided between the facility and a local hospital where immediate admission will be granted in the event of an urgent or emergency situation.
 - e. Premium will be based on PICA's mature \$1,000,000/3,000,000 coverage multiplied by the total number of podiatric physicians(with the exception of PICA insured employed podiatrists and podiatric residents) multiplied by 10%. Coverage is provided for the ambulatory surgical center based upon the total number of PICA insured owners, non-PICA insured owners and all non-owner podiatric physician users.
- 5. <u>Podiatric Medical Schools:</u> Separate application and policy forms are available for institutional coverage to include residents, teaching staff and students.
- B. <u>SURGICAL AND NON-SURGICAL POLICY DEFINITION</u> Coverage is provided for all procedures authorized by state statute and/or regulation in each state a license is held.

Surgery shall include any procedure requiring an anesthetic or intravenous or gaseous sedation including post-operative treatment. Exceptions to this definition include diagnostic and therapeutic injections, surgical procedures involving the nails, excision of skin lesions, incision and drainage of abscesses and the treatment of ulcers.

Post operative treatment will be covered under a non-surgical policy <u>if and only if</u> the podiatric physician performing the surgery maintains a surgical policy with PICA.

A podiatric physician acting as an assistant surgeon will not be covered under a non-surgical policy.

C. POLICY TERM

Policies are written for a one year term and renewed annually thereafter. On exception, a short term policy may be issued on a pro-rata basis and then renewed for an annual term thereafter.

D. <u>PREMIUM COMPUTATION/ROUNDING TABLE</u>

- 1. All premiums are for an annual period.
- 2. Computation of the premium at inception uses the premium in effect at the time. Retroactive coverage will be provided to the insured's previous policy retroactive date (provided that the podiatric physician's prior policy is a claims-made policy). At each renewal, computation of the premium will be at the premium in effect at the time.
- 3. Premiums are calculated as specified for the respective coverage (i.e. surgical, non-surgical, resident or preceptee).
- 4. Each insured is rated in the state and/or territory where he or she practices more than 50% of the time.
- 5. Rounding to the nearest dollar amount is done at each step of the computation process, as opposed to rounding the final premium. (Round a premium involving \$.50 or over to the next higher whole dollar; less than \$.50 to the previous whole dollar.)

E. PREMIUM DISCOUNTS

- 1. <u>Employed Podiatrist:</u> A podiatrist must be employed 100% of the time without ownership interest to receive a 25% employed podiatrist discount. The insured <u>cannot</u> have any ownership interest <u>and</u> work for the corporation and receive the employed podiatrist discount. It is pertinent to know who provides coverage for the employer.
- 2. <u>New Practitioner:</u> The first-year professional liability claims-made premium is reduced 75%, the second-year premium 50%, the third-year premium 35% and the fourth-year 20%. No finance charges will be applied to the first, second, third or fourth year.

This applies to recent podiatric medical school and/or residency graduates, practitioners who have completed a preceptorship, practitioners who have completed three years of service in one of the Armed Forces or other government programs.

A new practitioner who has completed an American Podiatric Medical Association Council on Podiatric Medical Education (CPME) approved residency program or a program that is in candidate status will be provided with free retroactive coverage. The practitioner must submit verification of prior claims-made insurance coverage with no lapse.

The new practitioner discount will be allowed for applicants requesting retroactive coverage up to four years in practice.

3. Risk Management: A 10% risk management discount will apply to the following year's annual renewal premium for completing a home study course or attending a PICA/Podiatry Institute meeting. An additional 5% to 15% discount is applied for attending PICA designated risk management meetings that may be a component of an existing podiatric conference as determined by the risk management committee dependent upon the structure and composition of the meeting. The maximum risk management discount available is 15%.

A 10% discount will be granted to new applicants who have completed a risk management program which would have qualified for a risk management discount with their previous carrier.

- 4. <u>Semi-Retired</u>: Premiums are reduced by 50%. To qualify for this discount, the insured must be at least 55 years of age, must have been insured with PICA for at least five years immediately prior to becoming semi-retired and must not practice more than 20 hours a week. Consideration may be given to new applicants to allow credit for consecutive years of coverage with another carrier subject to underwriting approval.
- 5. <u>Part Time</u>: To qualify for this discount, the insured must practice 1-10 hours to receive a 50% discount or 11-20 hours a week to receive a 25% discount. These discounts will apply to surgical and non-surgical policyholders.
- 6. <u>Residency Director</u>: An insured who is an appointed Residency Director by the Council of Podiatric Medical Education will be entitled to a 25% discount off his or her individual malpractice premium.
- 7. <u>Multiple Discounts</u>: The practitioner will receive the greater of the classification discount that applies. For example an insured would receive a 50% semi-retired discount and not an employed podiatrist discount.
- 8. The following schedule of credits or debits may be used to modify premium for certain insureds, reflecting unique exposure present in those risks. These insureds may qualify for schedule rating because of factors not contemplated in the filed rate structure of the company. Pursuant to underwriting judgment, any or all of the following factors may be considered when assigning credits or debits. A combined maximum credit

or debit of 25% may be applied to recognize risk characteristics that are not reflected in an otherwise applicable rate. Any credits or debits assigned under this plan are subject to annual review. All premium modifications will be noted and documented in the individual insured's file with any premium credit and/or debit in excess of 10% requiring approval of the Underwriting Vice President. Premiums may be modified based upon the following exposure and rating characteristics:

	<u>Credit</u>	<u>Debit</u>
Participation in risk management program	0-15%	N/A
Unusual risk characteristics	0-25%	0-25%
Claims free discounts	0-10%	N/A
Record keeping	0-10%	0-10%
Professional loss history/trends	N/A	0-25%
Group practice or association membership	0-20%	N/A

(N/A = not applicable)

F. COVERAGE CHANGE REQUEST

The premium and rules in effect on the effective date of change apply. Coverage may be increased or decreased at any time during the policy year. Premium changes will be computed on a pro-rata basis.

- 1. Endorsements: Policies involving corporation, partnership or professional association limits of liability must be consistent. Endorsements are not back dated unless coverage has been replaced and verified. Any change in coverage must be submitted in writing and signed by the named insured.
- 2. Prior Surgery Covered: For a podiatric physician requesting a change from surgical to non-surgical coverage, the premium will be calculated by averaging the sum of the applicable surgical and non-surgical premium. Subsequent renewal premium will be based on the non-surgical premium.
- 3. Retroactive Coverage: A copy of the applicant's current declaration page is required to verify the retroactive date. The Underwriting Committee may not approve retroactive coverage. If retroactive coverage is not approved, the applicant will be advised that Optional Extension Coverage should be purchased from their previous carrier. A practitioner accepted on probation is not allowed retroactive coverage.
- 4. Leave of Absence: This endorsement interrupts the premium and policy for special circumstances. These include, but are not limited to illness, childbirth, sabbatical leave, additional training and other situations as approved by the Underwriting Department. A premium rate of 25% of the practitioner's current premium calculated on a pro rata basis will apply.

5. Locum Tenens Coverage: This coverage will be offered at no charge for periods of sixty days within any policy year, subject to underwriting approval of the replacement podiatric physician.

G. RETURN PREMIUM POLICY

- 1. Deletion of a state mandated coverage is not permitted unless the entire policy is canceled.
- 2. Premium will be computed for policy cancellation utilizing the initial premium charged. Short rate computation will apply to requested and non-payment cancellations.
- 3. Return premium will be computed pro-rata by rounding to the next higher whole dollar when any coverage is deleted or an amount of insurance is reduced.
- 4. Premium of \$5.00 or less will be waived or returned to the Insured if requested. This waiver only applies to cash exchange due on the endorsement effective date.
- 5. Return premium is sent to the "Named Insured" regardless of who makes the premium payment. In the event of death of an insured, the return premium is sent "To The Estate of"

H. POLICY CANCELLATION

- 1. Return premium is computed pro-rata and rounded to the next higher whole dollar when:
 - a. a policy is canceled by the Company.
 - b. a policy is canceled by the Insured because of retirement, disability or death.

(Notices are sent by certified mail to verify receipt of notification.)

- 2. Return premium is computed short-rate and rounded to the next higher whole dollar when:
 - a. a policy is canceled by the Insured.
 - b. a policy is canceled for non-payment of premium (Notices are sent by certified mail to verify receipt of notification.)
- 3. A policy canceled for non-payment of premium will not be reinstated unless the total amount of outstanding premium is received. A policyholder will be permitted two consecutive non-payment of premium cancellation notices. If it becomes necessary for a third consecutive cancellation notice, the cancellation notice will indicate the policy is being canceled for "Underwriting Reasons" and the coverage will not be reinstated.

- a. Cancellation for non-payment will not be effective for 10 working days. Postal holidays and weekends will extend the number of days.
- b. Cancellation notice will be sent by certified mail return receipt requested.

II. INSURANCE COVERAGE

This policy includes but is not limited to mandatory Professional Liability coverage as a result of providing or failing to provide professional services on a Claims-Made form. A recently developed plain-language, Modified Claims-Made policy is available for use in states that predominantly offer a Modified Claims Made or Occurrence form. General Liability coverage may be purchased by the policyholder as an optional coverage. Coverages available:

- A. Individual Professional Liability
- B. Corporation Professional Liability
 - 1. Shared Limit of Liability at no additional charge
 - 2. Separate Limit of Liability is optional for an additional 5% of the total premium charged to each insured in the corporation or partnership. The maximum charge will be 100% of the mature premium for the corresponding limit of liability and the minimum would be 5% of the professional liability premium being charged.

C. General Liability Coverage

This is an optional coverage that responds to Business Premises Liability and Personal Injury Liability on behalf of the Insured. Medical Payments are \$250 with Bodily Injury Liability the same limits of liability as selected for the professional liability coverage. Property Damage Limits are \$5,000 and Personal Liability limits are \$100,000. Annual premiums are indicated below determined by the Bodily Injury limit:

Bodily Injury	One Location	Two or More Locations
\$1,000,000/3,000,000	\$51.00	\$85.00
\$1,000,000/1,000,000	\$47.00	\$78.00
\$500,000/\$1,000,000	\$42.00	\$70.00
\$250,000/500,000	\$38.00	\$63.00
\$200,000/600,000	\$36.00	\$60.00
\$100,000/300,000	\$30.00	\$50.00

D. Administrative Defense Coverage Endorsement will cover medical licensing board actions, hospital medical staff peer review actions, managed care decertification actions and Medicaid/Medicare (and other payor) billing and coding errors and omissions.

Included in the current premium, this coverage will be attached by endorsement to all policyholders (*with the exception of residents, preceptees and new practitioners*). This coverage may be purchased by those "newer" practitioners as indicated below:

Second Year New Practitioners	\$400
Third Year New Practitioners	\$600
Fourth Year New Practitioners	\$800

III. LIMITS OF LIABILITY

- A. \$ 100,000 Each Claim / \$ 300,000 Annual Aggregate
- B. \$ 200,000 Each Claim / \$ 600,000 Annual Aggregate
- C. \$ 250,000 Each Claim / \$ 500,000 Annual Aggregate
- D. \$ 500,000 Each Claim / \$1,000,000 Annual Aggregate
- E. \$ 500,000 Each Claim / \$1,500,000 Annual Aggregate
- F. \$1,000,000 Each Claim / \$1,000,000 Annual Aggregate
- G. \$1,000,000 Each Claim / \$3,000,000 Annual Aggregate

Refer to Company for additional Limit of Liability options.

Requests for higher limits of liability must be approved by the Vice President of Underwriting. When limits are requested in excess of \$1,000,000/3,000,000, approval by PICA reinsurers, through the Chief Financial Officer, is mandatory.

IV. EXTENDED REPORTING PERIOD COVERAGE (OPTIONAL EXTENSION COVERAGE)

A. The percentages in the following Table shall be applied to the mature claims-made premium (4th year premium) in the year coverage is being purchased.

Years of Prior PICA Claims-Made Coverage	Percentage of 4th Year <u>Claims-Made Premium</u>
One	100%
Two	155%
Three	175%
Four or More	180%

- B. The availability of Extended Reporting Period coverage shall be governed by the following rules, subject to underwriting approval.
 - 1. Available Limits of Liability shall not exceed those afforded under the current claims-made policy.
 - 2. Extended Reporting Period Coverage applies to claims first made against the insured immediately following the effective date of cancellation or non-renewal; but only by reason of alleged malpractice which occurred subsequent to the retroactive date and prior to the effective date of cancellation or non-renewal (and which is otherwise covered by this insurance).
 - 3. Extended Reporting Period Coverage is granted at no charge in the event

of death or permanent disability or in the event of permanent retirement at any age after 5 years of continuous coverage. Permanent disability is defined as having existed continuously for not less than six months, having rendered the Insured unable or incapable of practicing or continuing to practice, and expected to be continuous and permanent.

- 4. Extended Reporting Period Coverage will be available to all podiatric physicians except those who are canceled for non-payment of premium and/or non-compliance with the terms and conditions of the policy.
- 5. Should an insured terminate coverage, the insured may purchase Extended Reporting Period Coverage. The insured is eligible for this coverage provided:
 - a. The insured requests Extended Reporting Period Coverage within 30 days of policy termination and premium is paid.
 - b. The insured requests Extended Reporting Period Coverage within 30 days after the effective date of cancellation of the policy.
- 6. An insured who retires from practice will receive a discount from the applicable Extended Reporting Period Coverage premium for each consecutive year with PICA. These discounts are reflected in the following Table.

	Discount Applicable To
Consecutive	Extended Reporting Period
Years with PICA	Coverage Premium
1	20%
2	40%
3	60%
4	80%
5	100%

Credit on a two for one basis to bridge prior PICA coverage may be granted toward the retirement tail coverage.

Consideration may be given to new applicants to allow credit for consecutive years of coverage with another carrier subject to underwriting approval.

7. Extended Reporting Period Coverage premium will be waived for policyholders who have been insured by PICA for 10 years and enter full time academia.

RATING MANUAL SUPPLEMENT Podiatry Insurance Company of America

State of Illinois

- I. Item # 3 under Subsection H. <u>POLICY CANCELLATION</u> of Section I. GENERAL RULES is hereby deleted in its entirety and replaced with the following:
 - 3. A policy canceled for non-payment of premium will not be reinstated unless the total amount of outstanding premium is received. If payment is received after the effective date of cancellation, the policy may be reinstated with a satisfactory underwriting review, and will be charged a \$50 reinstatement fee.
 - a. Cancellation for non-payment will not be effective for 10 working days. Postal holidays and weekends will extend the number of days.
 - b. Cancellation notice will be sent by certified mail return receipt requested.
- II. Section IV. EXTENDED REPORTING PERIOD COVERAGE
 (OPTIONAL EXTENSION COVERAGE) is hereby deleted in its entirety and replaced with the following:

IV. EXTENDED REPORTING PERIOD COVERAGE (OPTIONAL EXTENSION COVERAGE)

For Malpractice Liability

A. The premium for the optional Extended Reporting Period Coverage shall be the product of the applicable percentage factor in the following Table and the expiring annual premium of the policy:

Years of Prior PICA Claims-Made Coverage	Percentage of 4th Year Claims-Made Premium
One	100%
Two	155%
Three	175%
Four or More	180%

Ed. 1-08

The number of consecutive years of prior claims-made coverage shall be determined as of the date the optional Extended Reporting Period Coverage is purchased.

- B. The availability of Extended Reporting Period Coverage shall be governed by the following rules:
 - 1. Available Limits of Liability shall not exceed those afforded under the current claims-made policy.
 - 2. Extended Reporting Period Coverage applies to claims first made against the insured immediately following the effective date of cancellation or non-renewal; but only by reason of alleged malpractice which occurred on or after the retroactive date and prior to the effective date of cancellation or non-renewal (and which is otherwise covered by this insurance) for a period of unlimited duration.
 - 3. Extended Reporting Period Coverage is granted at no charge in the event of death or permanent disability or in the event of permanent retirement at any age after 5 years of continuous coverage. Permanent disability is defined as having existed continuously for not less than six months, having rendered the Insured unable or incapable of practicing or continuing to practice, and expected to be continuous and permanent.
 - 4. Extended Reporting Period Coverage will be available to all insureds.
 - 5. The insured may purchase optional Extended Reporting Period Coverage. The insured is eligible for this coverage provided:
 - a. The insured requests Extended Reporting Period Coverage within 30 days of the effective date of termination; and
 - b. any outstanding premium with respect to the terminated policy is paid
 - 6. An insured who retires from practice will receive a discount from the applicable Extended Reporting Period Coverage premium for each consecutive year with PICA. These discounts are reflected in the following Table.

Ed. 1-08

	Discount Applicable To
Consecutive	Extended Reporting Period
Years with PICA	Coverage Premium
1	20%
2	40%
3	60%
4	80%
5	100%

Credit on a two for one basis to bridge prior PICA coverage may be granted toward the retirement tail coverage.

Consideration may be given to new applicants to allow credit for consecutive years of coverage with another carrier subject to underwriting approval.

- 7. Extended Reporting Period Coverage premium will be waived for policyholders who have been insured by PICA for 10 years and enter full time academia.
- 8. The Company shall inform the Insured of the optional Extended Reporting Period Coverage (ERP) premium at the time the last policy is purchased. The Company may not wait until the Insured requests to purchase the ERP to tell the Insured what the premium will be or how the premium would be calculated.
- 9. The following credits: Employed Podiatrist, New Practitioner, Part –Time, Semi-Retired and Residency Director (as defined under Rule I.E.) shall, if applicable, be applied when determining the final extended reporting period premium.

The following credits: Leave of Absence and Risk Management (as defined under Rule I.E.) shall not be applied when determining the final extended reporting period premium.

10. The Company will offer the Extended Reporting Period Coverage when the policy is terminated for any reason, including non-payment of premium, and whether the policy is terminated at the company's or insured's request.

For General Liability

A. For General Liability, there is no additional premium charge for an unlimited reporting period under the optional Extended Reporting Period Coverage.

- B. For General Liability, if the insured does not choose the free unlimited reporting period coverage, they will be provided a free 5 year extended reporting period after the free 60-day Automatic Extended Reporting Period.
- C. The availability of Extended Reporting Period Coverage shall be governed by the following rules:
 - 1. During the Automatic Extended Reporting Period, the aggregate liability limit shall be equal to the amount of coverage remaining in the policy's annual aggregate liability limit at termination.

Under the option of an unlimited extended reporting period, 100% of the aggregate liability limit of the current claims-made policy shall be reinstated for the duration of the extended reporting period.

Under the option of a free five year extended reporting period, the aggregate liability limit shall be equal to the amount of coverage remaining in the policy's annual aggregate liability limit at termination.

- 2. Extended Reporting Period Coverage applies to claims first made against the insured immediately following the effective date of cancellation or non-renewal; but only by reason of bodily injury, property damage or personal injury which occurred on or after the retroactive date and prior to the effective date of cancellation or non-renewal (and which is otherwise covered by this insurance).
- 3. Extended Reporting Period Coverage will be available to all insureds.
- 4. The insured is eligible for the optional Extended Reporting Period coverage provided:
 - a. The insured requests Extended Reporting Period Coverage within 60 days of the effective date of termination; and
 - b. any outstanding premium with respect to the terminated policy is paid
- 5. The Company will offer the Extended Reporting Period Coverage when the policy is terminated for any reason, including non-payment of premium, and whether the policy is terminated at the company's or insured's request.

Ed. 1-08

- III. Item E. 8. Schedule Rating under Section I. GENERAL RULES is hereby deleted in its entirety and replaced with the following Group Discount as Item E.
 8. under Section I. GENERAL RULES
 - 8. <u>Group Discount</u>: A group of practitioners insured by the company may be eligible for a group discount based on the following:
 - 1. Must have Uniform Tax Identification Number for billing
 - 2. Must be a Legal Entity (i.e. Corporation, Professional Association, Partnership or Limited Liability Corporation)
 - 3. Premium considered for discount excludes employed podiatrists
 - 4. A total annual premium of at least \$10,000 will be eligible for the group discount as follows:
 - a. \$10,000 \$30,000 = 6% discount
 - b. \$30,001 \$50,000 = 9% discount
 - c. \$50,001 or greater = 7% discount
- IV. The following is added to Rule E., 3. Risk Management under Section I. **GENERAL RULES:**

IPMA and APMA members who attend the PICA sponsored Risk Management Seminar at either the Annual APMA or IPMA will receive a 15% Risk Management discount.

- V. The following is hereby added as **Rule E**. **9. Claims-Free Discounts** under **SECTION I**. **GENERAL RULES**:
 - 9. Claims-Free Discounts:

One of the following discounts shall be applied to all eligible policyholders:

Five (5) years claims-free = 5% Discount Ten (10) years claims-free = 10% Discount

To be considered claims-free, the policyholder must have no claims within the requisite time period that involve a professional liability indemnity payment.

- VI. The following is hereby added as **Rule I**. **Premium Payment Plan Options** under **SECTION I**. **GENERAL RULES**:
 - I. PREMIUM PAYMENT PLAN OPTIONS

OPTION A: QUARTERLY INSTALLMENT

1. A quarterly installment option is available upon issuance of a new policy or upon renewal of an existing policy. The quarterly installment option will include an installment charge of \$25.00 per installment or 1% of the total annual premium whichever is less. Available option shall be a quarterly (four payment) option with equal installments of 25% each.

The first installment is due (as a down payment) when the policy is issued or renewed. The remaining installments are due 3, 6, and 9 months from policy inception.

2. <u>Collection:</u> Past due accounts will be sent for collection after three attempts have been made to clear the account.

Arrangements may be made to allow the Insured time to pay the outstanding balance.

- 3. Additional premium from a policy change shall be spread over the remaining installments, if any. If there are no remaining installments, additional premium resulting from change shall be billed immediately as a separate transaction.
- 4. Insureds shall have the option of paying the premium in full at any time without incurring additional fees.
- 5. In the event that an Insured makes his/her payment after the due date, he/she will be charged a flat late fee of \$10.00.
- 6. The Company shall not apply interest charge.

OPTION B: FIVE PAYMENT PLAN

- 1. A five payment premium plan option is available upon issuance of a new policy or upon renewal of an existing policy. The five payment premium plan option will include an additional 9.5% annual percentage rate finance charge. This finance charge will apply to all policyholders.
 - a. <u>Collection:</u> Past due accounts will be sent for collection after three attempts have been made to clear the account. Arrangements may be made to allow the practitioner time to pay the outstanding balance.
 - b. In the event that an insured makes his/her payment after the due date, he/she will be charged a flat late fee of \$10.00.

OPTION C: TWO PAYMENT PLAN

1. A two payment premium plan option is available upon issuance of a new policy or upon renewal of an existing policy. The two payment premium plan option will not include a finance charge or installment fee.

OPTION D: ANNUAL PAYMENT PLAN

1. An annual payment premium plan option is available upon issuance of a new policy or upon renewal of an existing policy. The annual payment premium plan option will not include a finance charge or installment fee.

Podiatry Insurance Company of America 2011 Podiatric Rates Illinois Territory 01

All counties except Cook

		Claims Made								
Limits	1	st Year	2	nd Year	3	rd Year	4th Year			
(000 omitted)	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical		
100/300	\$ 1,934	\$2,816	\$2,701	\$4,223	\$4,110	\$5,983	\$4,836	\$7,039		
200/600	\$2,321	\$3,379	\$3,482	\$5,068	\$4,933	\$7,180	\$5,803	\$8,447		
250/750	\$2,495	\$3,632	\$3,743	\$5,448	\$5,302	\$7,718	\$6,238	\$9,080		
500/1000	\$2,708	\$3,942	\$4,062	\$5,913	\$5,755	\$8,377	\$6,770	\$9,855		
500/1500	\$2,785	\$4,054	\$4,178	\$6,082	\$5,919	\$8,616	\$6,963	\$10,136		
1000/1000	\$2,998	\$4,364	\$4,497	\$6,546	\$6,371	\$9,274	\$7,495	\$10,910		
1000/3000	\$3,288	\$4,786	\$4,932	\$7,180	\$6,988	\$10,171	\$8,221	\$11,966		

Podiatry Insurance Company of America 2012 Podiatric Rates Illinois Territory 01

All counties except Cook

	Claims Made								
Limits	1	st Year	2	nd Year	3rd Year		4th Year		
(000 omitted)	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	
100/300	\$ <u>2,109</u>	<u>\$3,069</u>	<u>\$3,163</u>	<u>\$4,604</u>	<u>\$4,481</u>	<u>\$6,522</u>	<u>\$5,271</u>	<u>\$7,673</u>	
200/600	\$2,530	<u>\$3,683</u>	<u>\$3,796</u>	<u>\$5,525</u>	<u>\$5,377</u>	<u>\$7,827</u>	<u>\$6,326</u>	<u>\$9,208</u>	
<u>250/750</u>	\$2,720	<u>\$3,959</u>	\$4,080	<u>\$5,939</u>	\$5,780	\$8,413	\$6,800	\$9,898	
500/1000	<u>\$2,952</u>	<u>\$4,297</u>	<u>\$4,428</u>	\$6,445	\$6,273	<u>\$9,131</u>	\$7,380	\$10,742	
500/1500	\$3,036	\$4,420	<u>\$4,554</u>	\$6,629	\$6,452	<u>\$9,392</u>	\$7,591	\$11,049	
1000/1000	<u>\$3,268</u>	<u>\$4,757</u>	<u>\$4,902</u>	<u>\$7,136</u>	<u>\$6,945</u>	<u>\$10,109</u>	<u>\$8,170</u>	<u>\$11,893</u>	
1000/3000	<u>\$3,584</u>	<u>\$5,218</u>	<u>\$5,377</u>	<u>\$7,826</u>	<u>\$7,617</u>	<u>\$11,087</u>	<u>\$8,961</u>	<u>\$13,044</u>	

Podiatry Insurance Company of America 2011 Podiatric Rates Illinois Territory 02 Cook county only

		Claims Made								
Limits	1	st Year	2	nd Year	3	rd Year	4th Year			
(000 omitted)	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical		
100/300	\$ 3,048	\$4,437	\$4,572	\$6,655	\$6,477	\$9,420	\$7,620	\$11,092		
200/600	\$3,658	\$5,324	\$5,486	\$7,986	\$7,772	\$11,314	\$9,144	\$13,310		
250/750	\$3,932	\$5,724	\$5,898	\$8,585	\$8,356	\$12,163	\$9,830	\$14,309		
500/1000	\$4,267	\$6,212	\$6,401	\$9,317	\$9,068	\$13,200	\$10,668	\$15,529		
500/1500	\$4,389	\$6,389	\$6,584	\$9,583	\$9,327	\$13,576	\$10,973	\$15,972		
1000/1000	\$4,725	\$6,877	\$7,087	\$10,316	\$10,040	\$14,614	\$11,812	\$17,193		
1000/3000	\$5,182	\$7,542	\$7,772	\$11,314	\$11,011	\$16,028	\$12,954	\$18,856		

Podiatry Insurance Company of America 2012 Podiatric Rates Illinois Territory 02 Cook county only

	Claims Made								
Limits	1	st Year	2	nd Year	3	rd Year	4th Year		
(000 omitted)	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	Non-surg.	Surgical	
100/300	\$ <u>3,322</u>	<u>\$4,836</u>	<u>\$4,983</u>	<u>\$7,254</u>	<u>\$7,060</u>	<u>\$10,277</u>	<u>\$8,306</u>	<u>\$12,090</u>	
200/600	<u>\$3,987</u>	\$5,803	\$5,980	<u>\$8,705</u>	<u>\$8,472</u>	<u>\$12,332</u>	<u>\$9,967</u>	<u>\$14,508</u>	
<u>250/750</u>	<u>\$4,286</u>	\$6,238	<u>\$6,429</u>	<u>\$9,358</u>	<u>\$9,107</u>	\$13,257	\$10,714	<u>\$15,596</u>	
500/1000	<u>\$4,651</u>	\$6,770	\$6,977	\$10,156	<u>\$9,884</u>	<u>\$14,387</u>	\$11,62 <u>8</u>	<u>\$16,926</u>	
500/1500	<u>\$4,784</u>	\$6,964	\$7,176	\$10,446	\$10,16 7	\$1 <i>1</i> ,700	\$11, <u>961</u>	\$17,410	
1000/1000	<u>\$5,150</u>	<u>\$7,496</u>	<u>\$7,725</u>	<u>\$11,244</u>	<u>\$10,943</u>	<u>\$15,929</u>	<u>\$12,874</u>	<u>\$18,740</u>	
1000/3000	<u>\$5,648</u>	<u>\$8,221</u>	<u>\$8,472</u>	\$12,332	\$12,002	\$17,47 <u>0</u>	<u>\$14,120</u>	\$20,553	